

Proposal Submission Form

EUROPEAN COMMISSION
 FP7 Framework Programme
 Research, Technological
 Development and Demonstration

Collaborative Project
 Small or medium-scale
 focused research project

A2.1:
 Participants

Proposal Number Proposal Acronym Participant Number

If your organisation has already registered for FP7,
 enter your Participant Identity Code

Organisation Legal name
 Organisation short name

Administrative Data

Legal address

Street name Number
 Town Postal Code/Cedex
 Country
 Internet homepage

Status of your Organisation

Certain types of organisations benefit from special conditions under the FP7 participation rules.

The Commission also collects data for statistical purposes.

The guidance notes will help you complete this section.

The status of the organisation is set by the proposal coordinator. If you would like
 to modify this information, the coordinator must modify it in the proposal set-up page

| | |
|---------------------------------------------|----------------------------------|
| Non-profit organisation | <input type="text" value="no"/> |
| Public body | <input type="text" value="yes"/> |
| Research organisation | <input type="text" value="no"/> |
| Higher or secondary education establishment | <input type="text" value="yes"/> |

Main area of activity (NACE code)

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A2.2:
 Participants

1. Is your number of employees smaller than 250? (full time equivalent)
2. Is your annual turnover smaller than € 50 million?
3. Is your annual balance sheet total smaller than € 43 million?
4. Are you an autonomous legal entity?

| |
|------------|
| no |
| no |
| no |
| YES |

You are NOT an SME if your answer to question 1 is "NO" and/or your answer to both questions 2 and 3 is "NO".
 In all other cases, you might conform to the Commission's definition of an SME.
 Please check the additional conditions given in the guidance notes to the forms

Following this check, do you conform to the Commission's definition of an SME

Dependencies with (an)other participant(s)

Are there dependencies between your organisation and (an)other participant(s) in this proposal?

If Yes:

| Participant Number | Organisation Short Name | Character of dependence |
|--------------------|-------------------------|-------------------------|
| 0 | - | None |
| 0 | - | None |
| 0 | - | None |

Contact Point

Person in charge (For the co-ordinator (participant number 1) this person is the one who the Commission will contact in the first instance)

| | | | |
|--------------------------------------------------|-------------------------------------|-------------------|----------------------|
| Family name | <input type="text"/> | First name(s) | <input type="text"/> |
| Title | <input type="text"/> | Sex | <input type="text"/> |
| Position in the organisation | <input type="text"/> | | |
| Department/Faculty/Institute/Laboratory name/... | <input type="text"/> | | |
| Address (if different from the legal address) | | | |
| Street name | <input type="text"/> | Number | <input type="text"/> |
| Town | <input type="text"/> | Postal Code/Cedex | <input type="text"/> |
| Country | <input type="text" value="Greece"/> | Phone 1 | <input type="text"/> |
| Phone 2 | <input type="text"/> | Fax | <input type="text"/> |
| | | E-mail | <input type="text"/> |